

**ITEM #43B**  
**RATE FILING – WORKERS’ COMPENSATION**

If the applicant is requesting authority to transact workers’ compensation insurance, please complete and submit the attached forms for the applicant’s rate filing. Detailed guidelines to assist you with completing the forms are in Section IV of this Admission Information Packet.

**WORKERS' COMPENSATION INSURANCE — RATE FILING FORM**

**1. General Filing Information**

Insurer NAIC company number:

NAIC group number:

Insurer name & address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of person responsible for filing:

Title:

Telephone no.:

FAX no.:

Proposed effective date:

This filing will apply to (check one):

\_\_\_\_\_ New & Renewal policies only as of effective date

\_\_\_\_\_ New, Renewal & in-force policies as of effective date

Proposed overall rate level change: \_\_\_\_\_%

Insurer direct written premium for the most recent calendar year.

California workers' compensation:

Aggregate, all lines, all states:

Aggregate in California workers' compensation in  
the classifications affected by the intended  
rate change *(No entry required for this item if this is  
Insurer's initial filing.)*:

**Check one or both of the following:**

\_\_\_\_ The insurer elects to apply its pure premium rate modifier(s) and deviations to each future revision of the approved pure premium rate. The insurer's manual rates (1) will be the combination of the approved pure premium rate and the pure premium rate modifier(s) and deviations the insurer specifies in the attachments and (2) will apply to policies issued on and after the effective date of the approved pure premium rate. *This authorization is effective until amended or withdrawn by the insurer or disapproved by the Commissioner.*

\_\_\_\_ The insurer elects to apply its pure premium rate modifier(s) and deviations to pure premium rates indicated in Item 2A, page 2, below.

**WORKERS' COMPENSATION INSURANCE — RATE FILING FORM**

**2. Pure Premium Rate Filings**

A. *[Check one or both -- refer to Instructions to Filers dated October, 1994.]*

\_\_\_\_\_ By reference to Department of Insurance Ruling # \_\_\_\_\_  
 1. Pure premiums without deviation (factor = 1.00) \_\_\_\_\_  
 2. Pure premiums with the following deviations (*check one*):  
     \_\_\_\_\_ Uniform class modification, factor = \_\_\_\_\_  
     *(Provide supporting data and/or rationale.)*

\_\_\_\_\_ Selected class modifications. *(Provide a list of deviations and classifications to which they apply. Include supporting data and rationale.)*

\_\_\_\_\_ Non-reference filing. Insurer has developed and filed pure premiums and rates without reference to, or reliance on, the approved pure premiums of the Designated Rating Organization. *(Non-reference filings must include sufficient actuarial justification that follows the scope and format the Designated Rating Organization has filed to support its most recent filing.)*

B. Pure premium rate modifier \_\_\_\_\_  
*(Applies to pure premium rates after any deviations, above.)*

C. Projected expenses (*ratio to standard premium at proposed company rates*).

- |    |  |         |
|----|--|---------|
| 1. | Commission   | _____ % |
| 2. | Other acquisition expense                                      | _____ % |
| 3. | General expense  | _____ % |
| 4. | Taxes, licenses, & fees  | _____ % |
| 5. | Profit & contingencies, including offset for investment income | _____ % |
|    | <i>(Investment income, separately stated _____ %)</i>          |         |

*(Attach an exhibit showing how the insurer arrived at its underwriting profit load and how it reflected investment income in the derivation of the profit loading)*

- |    |   |         |
|----|---|---------|
| 6. | Lobbying & political advertising expense        | _____ % |
| 7. | Penalties, fines and bad faith judgments        | _____ % |
| 8. | Other ( <i>explain in separate attachment</i> ) | _____ % |
| 9. | TOTAL   | _____ % |

D. Historical expenses. *Attach exhibit that details insurer's expenses in the categories above for the last three years.*

**WORKERS' COMPENSATION INSURANCE — RATE FILING FORM****3. Rating Plans and Supplementary Rate Information**

For each plan filed, submit exhibits, manuals, and endorsement forms that explain how the plan applies and how the rates or factors in this plan will be applied. For each item checked in left column, state source of plan in right column.

*Check all that apply  
for this filing*

*Source*

<input type="checkbox"/> Classification minimum premiums or loss constants	_____
<input type="checkbox"/> Premium (size-of-risk) discount	_____
<input type="checkbox"/> Expense constants or other fixed policy charges	_____
<input type="checkbox"/> Retrospective rating plan(s)	_____
<input type="checkbox"/> Schedule rating or other merit rating plan(s)	_____
<input type="checkbox"/> Claim deductible plan(s)	_____
<input type="checkbox"/> Other plan(s). Describe: _____	_____

**4. Classification System**

☐ DRO classification system adopted without modification

☐ DRO classification system adopted with modifications (*Attach exhibits that (1) describe in detail all modifications and (2) demonstrate how the data thereby produced can be reported consistent with the Uniform Statistical Plan.*)

\_\_\_\_\_  
*Signature of person responsible  
for filing*

\_\_\_\_\_  
*Signature/Title of responsible officer*

**NOTE: This form must be signed by a responsible officer of the insurer.**

\_\_\_\_\_  
*Date signed*

\_\_\_\_\_  
*Date signed*

**Note:** An actuary's opinion as required in (Section 2509.32 (j)) of the Regulations must accompany all filings.